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ABSTRACT

This paper describes a pilot workshop curriculum on alcohol, drug abuse, and related mental health problems for primary care providers, e.g., physicians, physician assistants, or nurse practitioners, developed by the National Center for Alcohol Education. Pilot workshops held in Michigan and North Carolina are presented. Methods of needs assessment are discussed and the resulting curriculum is summarized. The two-day workshops, consisting of six sessions on the topics of recognition, interviewing, patient motivation, and case management options, are described. Educational methods and instructional techniques are discussed, including presentations, case applications, general, panel, and peer group discussions, faculty reviews, lectures, and videotapes. The selection of faculty members for the pilot workshops is outlined with selection criteria. A workshop evaluation section includes a discussion of evaluation methods and findings. A section on the analysis of experience focuses on specific workshop learnings, including the strengths and weaknesses of the program. Program implementation, participant recruitment, needs assessment, faculty selection, evaluation, and curriculum delivery are analyzed. The appendices include telephone survey results as well as sample forms for interviews and pre-and post-course evaluations. (NRB)

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DEVELOPMENT OF A PILOT WORKSHOP FOR PRIMARY CARE PROVIDERS: FINAL REPORT

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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For further information, additional materials, or assistance in the use of these materials contact:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209
Telephone: (703) 527-5757

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1. INTRODUCTION

In September 1978, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) asked the National Center for Alcohol Education (NCAE) to develop a pilot workshop curriculum on alcohol, drug abuse, and related mental health problems for primary care providers--physicians, physician assistants, and nurse practitioners. NIAAA was acting for an interagency Work Group that was concerned with the need for identifying and appropriately treating alcohol, drug, and related mental health problems. The Work Group was composed of representatives of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and the Health Services Administration's (HSA) Bureau of Community Health Services (BCHS). The need for training in these areas is particularly clear in the medically underserved rural and urban communities that BCHS programs serve.

The impetus for the curriculum development project came from recommendations by the President's Commission on Mental Health and the subsequent mandate by the Secretary of Health, Education, and Welfare to bring alcohol, drug, and related mental health projects into the mainstream of health care. Other programs resulting from the mandate included a $1.5 million program to link the services provided by BCHS Community Health Centers and NIMH's Community Mental Health Centers.

NCAE was requested to develop the pilot curriculum because it is an NIAAA-funded organization that focuses on developing and disseminating curriculum training programs. NCAE had recently prepared a continuing education curriculum in alcohol abuse and alcoholism for community health nurses.

The interagency Work Group and NCAE agreed that the curriculum would be pilot tested twice and that the selected areas would contain a mix of rural, urban, and migrant populations. NCAE would coordinate the development and delivery of the curriculum in collaboration with a consultant panel of medical educators and practitioners approved by the interagency Work Group. The faculty for delivery of the pilot would be drawn from the consultant panel. Finally, evaluating the two pilot tests and subsequently revising the curriculum, as needed, became an integral part of the program plan.

NCAE was charged with reporting the findings from the pilot experience, and this publication constitutes that report. The pilot workshops were held in East Lansing, Michigan--June 27-28--and Raleigh, North Carolina--October 11-12, 1979.

The interagency Work Group, which guided the development of the pilot curriculum, was composed of the following specialists:

Joseph Baldi, M.A.
Public Health Analyst
Office for Migrant Health
Bureau of Community Health Services (BCHS)
Health Services Administration (HSA)

John Biedenkapp, A.C.S.W, L.C.S.W.
Public Health Analysis Officer
Office of Program Planning & Coordination
Division of Treatment, Program Planning & Coordination
Office of the Administrator
Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

Elizabeth R. Smith, Ph.D.
Chief, Center for State Mental Health Manpower Development
Division of Manpower and Training Programs
National Institute of Mental Health (NIMH)

Lucy D. Ozarin, M.D.
Assistant Director for Program Development
Division of Mental Health Service Programs
National Institute of Mental Health (NIMH)

Avraham Forman, M.S.W., M.P.H.
Training and Education Advisor
Manpower and Training Branch
Division of Resource Development
National Institute on Drug Abuse (NIDA)

Ellen Ferris, D.S.W.
Special Assistant to the Director
Division of Resource Development
National Institute on Alcohol Abuse and Alcoholism (NIAAA)

M. Frances Cotter, M.P.H.
Education and Training Specialist
Training Branch
National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The consultant panel whose members played a major role in the development, testing, and refinement of the curriculum included the following medical educators and practitioners:

Merle Cunningham, M.D.
Medical Officer
Bureau of Community Health Services
Health Services Administration
Rockville, Maryland

Delores Exum, M.S.W.
Coordinator
Clinical Health Services
Miles Square Health Center
Chicago, Illinois

Dixie Koldjeski, Ph.D., R.N.
Assistant Dean
School of Nursing
East Carolina University
Greenville, North Carolina

Ronald S. Krug, Ph.D.
Professor
Department of Psychiatry and Behavioral Sciences
Health Sciences Center
University of Oklahoma
Oklahoma City, Oklahoma

Michael R. Liepman, M.D.
Instructor, Departments of Psychiatry and Family Practice
University of Michigan Medical School
University of Michigan
Ann Arbor, Michigan

Jack M. Rogers, M.D.
Associate Professor, Psychiatry
Department of Psychiatry and Behavioral Medicine
Bowman Gray School of Medicine
Winston-Salem, North Carolina

Sidney H. Schnoll, M.D., Ph.D.
Associate Professor of Psychiatry and Behavioral Science
Northwestern University Medical School
Institute of Psychiatry
Chicago, Illinois

Gretchen Schodde, R.N., M.N.
Assistant Professor
School of Nursing
University of Washington
Seattle, Washington

David A. Vandervelde, M.A.
Coordinator, Treatment Team
Riverside Correction Facility
Bureau of Health Care Services
Michigan Department of Corrections
Ionia, Michigan

2. NEEDS ASSESSMENT

To determine the needs of health care providers and to focus the content of the workshop curriculum more precisely, NCAE used several techniques to gather information from health care providers in the States of Michigan and North Carolina where the two pilot curriculum deliveries were to occur.

A telephone survey of BCHS providers in Michigan and North Carolina was the primary method used in assessing the providers' needs. The survey was designed to determine:

- what providers should know to improve diagnosis, intervention, treatment, and referral for patients with alcohol, drug, and related mental health problems;
- which issues would be presented in the curriculum;
- which problems primary health care providers find typical in treating patients with alcohol, drug, and related mental health problems; and
- which socioeconomic characteristics the local environment represents.

NCAE conducted telephone interviews with 18 BCHS primary health care providers--5 physicians, 8 physician assistants, and 5 nurse practitioners. Of the 18, 8 described their locations as rural, 7 practiced in urban settings, and 3 worked in migrant programs.

The survey instrument (appendix A) contained 22 questions clustered in these five categories:

- scale of practice and population served by the primary care unit;
- perceived prevalence of alcohol, drug, and related mental health problems;
- problem recognition and diagnosis;
- referral activity; and
- workshop topics.

The Work Group reviewed the results of the telephone survey, which provided the basis for the consultant panel of medical educators and practitioners to identify appropriate content for the curriculum and to establish objectives for the workshops.

Telephone Survey Findings

In general, the telephone survey results supported the need for workshops on alcohol, drug, and related mental health problems. Detailed findings are

presented in appendix B. The results discussed in this section are those with most direct significance to curriculum development. They are:

- The practitioners described their delivery of services as a team effort.

- The most common presenting problems in these practice settings were ranked in order. They were:

  - upper respiratory infection;

  - hypertension;

  - diabetes;

  - infections, especially genito-urinary; and

  - anxiety and depression--which were mentioned more often in Michigan than in North Carolina.

- Although the primary health care providers were aware of and used local facilities to refer patients for treatment of alcohol, drug, and related mental health problems, they knew few specifics about the service and staffing of the referral agency.

- Providers were read a list of topics during the telephone survey and asked to rank the importance of the topics to a workshop for primary care providers. The topics follow in the order of importance as reported by the providers interviewed:

  - patient history indicators suggestive of high risk or actual abuse of alcohol or drugs;

  - effective diagnostic tools for alcohol and drug abuse;

  - medical complications of alcohol and drug abuse;

  - management of acute complications of alcohol and drug abuse;

  - effective referral consultation for patients with alcohol abuse, drug abuse, or related mental health problems;

  - signs of anxiety and depression;

  - nonmedical treatment modalities for alcohol and drug abuse patients;

  - identification of mental health problems associated with alcohol or drug abuse;

  - evaluation of alcohol and drug abuse problems--stages of development;

- prescription and management of drug therapies for patients with history of or active substance-abuse problems.

3. CURRICULUM SYNOPSIS

This section summarizes the curriculum that was developed on the basis of the needs assessment process. The curriculum is detailed in a separate document entitled Alcohol, Drug, and Related Mental Health Problems: A Pilot Curriculum for Primary Care Providers.

Background

To improve providers' abilities to treat patients afflicted with alcohol, drug, and related mental health problems, the workshop curriculum features interaction with faculty experts, involvement in problem-solving activities, and exposure to resource materials on problem recognition, diagnosis, and management.

During the workshop, participants:

- examine and explore the nature and interrelationships of alcohol, drug, and related mental health problems from the medical, social, and cultural perspectives;
- identify the primary care provider's opportunities to intervene successfully;
- review interview techniques and diagnostic tools;
- review motivational techniques based on individual patients' needs and realistic expectations of treatment success;
- consider possible changes in individual treatment style or in practice setting that may be required to treat the problems under discussion more effectively; and
- develop an awareness of additional continuing-education needs and resources.

Four major topics are covered in six sessions during the workshop--two each day. They are recognition, interviewing, patient motivation, and case management options. For each of the topics, several instructional techniques are used including presentations; case applications; general, panel, and peer group discussions; and faculty reviews. Lectures and videotapes facilitate the discussions during which the content is applied to specific patient problems.

Session Descriptions

Session 1: Workshop Orientation/Overview

After the course coordinator welcomes the participants and makes introductions, a case study is presented to illustrate the workshop's four major topics--recognition, interviewing, patient motivation, and case management options--and to discuss why these four were selected. The case study also serves to focus on the general overview of the curriculum more intensively than is usually the case in orientation sessions. The sample case study for the pilot workshops involved a 65-year-old woman with a 20-year history of diabetes and hypertension, who complains of "bad nerves," periods of uncontrolled crying, and inability to maintain day-to-day activities. The recent death of a neighbor and her separation from her grandchildren as they leave her home have precipitated the symptoms. She no longer takes her antihypertensive medication regularly or adheres to her diabetic diet.

The case study is used to explain which topics were included in the workshop and why. The study also serves to focus the general overview of the curriculum more intensively than it otherwise might be.

Session 2: The Recognition Problem

Defining alcohol abuse/alcoholism, drug misuse, and related mental health disorders is crucial to establish common criteria for problem recognition among health care providers. Practice is another aspect of recognition that is crucial to accurate diagnoses. A range of cases is presented in this session involving patients who are alienated, depressed, aggressive, or erratic in behavior, and who may or may not have immediately identifiable alcohol- or drug-related problems.

After small discussion groups report their diagnoses, the faculty outlines the distinctions and interrelationships among alcohol, drug, and related mental health problems using the case studies for reference. The groups then reevaluate their original diagnoses; a faculty panel reviews any "second opinions."

Session 3: Patient Motivation

Motivating a patient to follow a lengthy and difficult treatment regimen can be difficult and frustrating. Realistic expectations are crucial to the motivation process. The patient should be aware that there may be periods of relapse. A detailed history will enable the health care provider to identify the losses in the patient's life that have resulted from substance abuse. Confrontation in a factual, concrete way can give the patient an awareness of how the abuse has affected his or her life. Although motivation techniques should be individualized, the health care provider should reinforce positive behavior and should be supportive when the patient fails. Establishing short-term, realistic goals can help keep the patient in treatment.

The provider should know how to use family members and employers as additional support systems, how to prescribe medication for substance abusers, and how to motivate a patient to accept referral to a treatment agency. The provider

has the responsibility to stay in touch with patients and to follow up on those who have been referred, assuring them that someone will be available if the treatment program is unsuccessful.

Exercises for this session include a film with discussion, case presentations for the participants' clinical experiences, and a conference with a faculty resource panel.

Session 4: Patient Interviewing

The initial history-taking interview requires time and should be conducted in a congenial setting. The interview should be structured using a conceptual framework. One that has been useful in primary care situations covers five major areas of life health. They are personal, emotional, interpersonal, familial, and vocational health. The selected interview framework must enable the health care provider to order the information so that he or she can make links among areas rather than merely accumulate unrelated facts.

Incorporating information about alcohol and drug use in the history is essential. Questions should be specific and should include the kinds and amounts of alcohol and drugs that are used and the context in which they are taken, as well as how the substance changes behavior. Other social and cultural factors, such as peer-group pressure, should be examined. The extent to which prescription and over-the-counter drugs are used must also be determined.

The session includes videotaped demonstrations of patient interviews, participant discussions, and a review of several diagnostic instruments.

The videotapes are available on a free loan basis from the National Institute on Drug Abuse (NIDA) Resource Center, located in Room 10A-54 of the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. The telephone number is (301) 443-5614. The Resource Center should be contacted 3-4 weeks prior to the scheduled delivery for ordering/reservation information.

Session 5: Management Options

Managing patients with alcohol, drug abuse, and related mental health problems does not involve a single and universally accepted procedure. The "medical model" should be useful in a primary care setting to approach the three problem areas. The model involves evaluating, recognizing, diagnosing, and developing an individualized treatment plan. With alcohol and drug-related problems, the treatment plan involves both acute intervention and long-term treatment management.

Most substance abusers entering the treatment system require acute intervention, which usually includes treatment for any medical complications arising from alcoholism and drug abuse, as well as treatment for medical and psychiatric problems related to withdrawal syndromes.

The health care provider has the choice of using medical or nonmedical detoxification units. Treatment approaches in these facilities vary with the individual, the type of drug abused, and the prevailing philosophy. The health care provider must realize that treatment does not end with detoxification.

Ideally, long-term managements should begin during the acute intervention/detoxification phase.

Long-term management may include pharmacotherapy, inpatient treatment programs, residential units, outpatient treatment programs, employee assistance programs, and self-help groups. In designing a long-term treatment program, the health care provider must know what is available in the community in regard to setting, access, cost, insurance policies, quality of services, and treatment philosophy and approaches. He or she must also be aware of the patient's needs and limitations and must recognize his or her own abilities and willingness to treat substance-abuse patients.

Cases presented during the previous sessions are reexamined from a management perspective; small groups design treatment plans for each case. The plans are then submitted to the faculty panel for comment.

Session 6: Community Resource Panel and Workshop Wrap-up (Optional)

This panel session was designed to acquaint participants with the local referral agencies for alcohol, drug, or mental health problems. The concept involved exploring the expectations of the health care provider and the agency staff and was included to provide personal contact with agency staff for those providers who did not know them. The panel members--representing the local alcohol, drug, or mental health centers--explained the range of services their agencies offer and how the agencies work with primary care providers.

4. FACULTY CONSIDERATIONS

Faculty members for the pilot workshops were selected from among the consultant panel of medical educators and practitioners who had reviewed the survey information to identify topics for the curriculum.

The criteria for selecting faculty for any workshop should be based on the curriculum design and the expertise that the content requires. For the pilots, the selection criteria included the following:

- Faculty members should have considerable experience with inpatient and outpatient mental health, drug, and alcoholism treatment facilities. They should also have experience in therapeutic communities, methadone maintenance programs, and the administration of Antabuse.

- At least one faculty member should have considerable experience in clinical pharmacology and toxicology and their application in emergency room treatment, detoxification, and extended management of patients in the three problems areas.

- The faculty should be selected to reflect the mix of participants. Factors such as profession, experience, sex, and type of practice setting should be considered. (If it is difficult to obtain a good match between faculty and participants, an alternative is to select faculty with experience in training members of the three professions.)

- One faculty member should be affiliated with a teaching hospital or other health facility within the State where a workshop delivery is to occur to help participants obtain continuing education credits more easily.

The Michigan Pilot Test

Four members of the consultant panel conducted the workshop for 15 participants. The four are profiled briefly here.

RONALD KRUG, Ph.D.--In addition to expertise in both alcohol and drug abuse, Dr. Krug, a clinical psychologist and professor at the University of Oklahoma, has considerable experience in academic and continuing education settings. He has prepared a substance abuse curriculum for physician assistants, designed several courses for medical students, and produced relevant teaching films and videotapes.

MICHAEL LIEPMAN, M.D.--Dr. Leipman, a psychiatrist and instructor at the University of Michigan Medical School, has experience in the three problem areas with which the workshop is concerned. His curriculum development background included courses in substance abuse and related mental health problems for students and practitioners. Dr. Liepman's curriculum-delivery experience includes a 3-day continuing education course on substance abuse for 120 primary care physicians.

SIDNEY SCHNOLL, M.D., Ph.D.--Dr. Schnoll, a psychiatrist and pharmacologist and associate professor at Northwestern University Medical School, has an extensive background in substance abuse and related mental health problems and has developed several substance-abuse curricula, including one that was produced as a medical monograph series. He has also taught health care providers at all levels and has held several faculty appointments.

GRETCHEN SCHODDE, R.N., M.N.--Ms. Schodde, a nurse practitioner and assistant professor at the University of Washington School of Nursing, specializes in primary care. Ms. Schodde has a range of experience in development and delivering nursing curricula. She has been a consultant to the National Health Service Corps and to migrant health programs.

The North Carolina Pilot Test

Again, four faculty members presented the curriculum to 15 participants. However, to test the "deliverability" of the curriculum by others, two new faculty members were substituted for two on the Michigan team. Dixie Koldjeski replaced Gretchen Schodde and Jack Rogers took Michael Liepman's sessions. The profiles of these two specialists follow.

DIXIE KOLDJESKI, R.N., Ph.D.--Dr. Koldjeski, a nurse educator who is assistant dean of nursing at East Carolina University, has considerable experience in drug abuse and related mental health problems. She has extensive background in developing both undergraduate and graduate nursing curricula and has vast teaching experience.

JACK ROGERS, M.D.--A psychiatrist and associate professor of psychiatry at the Bowman Gray School of Medicine, Dr. Rogers has a wide range of experience in treating alcohol, drug, and related mental health problems. In addition, he has considerable background in developing courses and in presenting them.

Coordination

For both pilot tests, NCAE staff coordinated the workshops, which included recruiting faculty, preparing logistics, conducting the orientation and overview sessions, administering pre- and post-workshop evaluation surveys, and debriefing participants at the end of each day.

5. EDUCATIONAL METHODS

In selecting the workshop training methods, NCAE considered these factors:

- The workshop would be designed for 2 or 3 days and would stress interactive learning.
- The scientific information presented would be "refresher" material.
- Total dependence on a lecture approach would be unsuitable to the curriculum content.
- The workshop would be designed in accordance with adult learning theory that recommends:
  - learner involvement in conducting the training experience;
  - training activities planned around participants' experience;
  - learning centered on the participants' needs and problems; and
  - learning that can be implemented directly.
- Providers indicated in the preworkshop assessment that they found group discussions, lectures, case studies, and personal reading the most useful educational activities.

The curriculum covers recognition, motivation, interviewing, and case management. The curriculum design encourages participatory learning experiences that enable the providers to relate new techniques to their needs. An open learning environment, in which participants feel free to share their experiences and expertise with other participants, is an essential element of the workshops.

Several methods are used in presenting the curriculum, including lectures on the four major topics; case studies to which the significant learning points are applied and discussed in small groups; small group reports followed by group

discussion; and faculty panels that review key points, clarify issues and experiences, and answer questions.

Finally, the materials presented to participants in the pilot workshops included instructional methods and audiovisual materials and equipment that providers might find useful. These basic resources can be found in Alcohol, Drug, and Related Mental Health Problems: A Pilot Curriculum for Primary Care Providers.

6. WORKSHOP EVALUATION

The workshop evaluation involved not only assessing the workshop and its effect on the participants, but also developing methods and instrumentation to evaluate future workshops. The evaluation focuses on the participants' perceptions about whether or not the workshop resulted in increased skills in recognizing and treating alcohol, drug, and related mental health problems.

The evaluation focused on three levels. First, it examined the processes of each session in the curriculum as well as the workshop as a whole. At this level, the instructional exercises used during the sessions were assessed to determine if objectives were attained.

Second, immediate or short-term outcomes of the workshop were evaluated. These included changes in the participant's perception of and attitudes toward alcohol, drug, and related mental health problems. Finally, the providers' perceptions of the anticipated long-term outcomes of the workshops were addressed. Estimates of changes in actual practices involving patients with problems in the three areas were assessed.

Evaluation Methods

The primary method used to obtain evaluation data was pre- and post-workshop assessments. The assessments elicited participation perception on the following subject areas:

- recognition of alcohol, drug, and related mental health problems;
- importance of environmental/social and cultural factors in recognizing alcohol, drug, and related mental health problems;
- knowledge and use of selected instruments and techniques for early recognition of alcohol, drug, and related mental health problems;
- understanding of dynamics that influence the motivation of patients with alcohol, drug, and related mental health problems to follow through on referral to specialized treatment;
- adequacy of current case management options for alcohol, drug, and related mental health problems;

- relevancy of workshop objectives;
- participant expectations of the workshop;
- influence of the workshop on the recognition and management of alcohol, drug, and related mental health problems;
- organization and conduct of workshop sessions;
- adequacy of the course environment;
- participants' opportunity to inform faculty and other participants of views and needs;
- activities that were most rewarding to participants; and
- activities that were least rewarding to participants.

Copies of the pre- and post-course assessments are provided in appendix C. No time limits were placed on completing either form. This evaluation activity went smoothly and was well received based on faculty observations and informal participant feedback.

Workshop evaluation data were also obtained by the debriefing sessions for participants that the course coordinator conducted at the end of each day. These debriefings gave the participants the opportunity to express their opinions to the faculty and to identify special concerns. The sessions were videotaped to facilitate revising and refining the curriculum after the pilots.

Also, at the Michigan pilot, a nonparticipant observer compared the actual session deliveries with the curriculum design and documented any special conditions that could have affected the results of the workshop.

Summary of Evaluation Findings

Fifteen providers attended the first workshop, held in East Lansing, Michigan on June 27 and 28. Nine of the attendees belonged to the target provider group of physicians, nurse practitioners, and physician assistants. In addition, a registered nurse, a public health worker, a health educator, a first-year medical student, and two rural health workers attended. Program sponsors sent these nontarget providers to the workshop because they frequently serve patients with alcohol, drug, and related mental health problems.

The fifteen generally rated the workshop favorably. Among the most important findings are the following:

- Thirteen participants considered the course content relevant and stated that course goals had been met.
- The participants found most workshop activities valuable to them.

- Faculty performance and rapport were both rated very good-to-excellent by almost all the trainees.

- Many participants felt they knew more about motivating patients with alcohol, drug, and mental health problems as a result of the workshop.

- Most did not feel they had increased their knowledge of case management options.

- A majority of the participants indicated that they intended to use one or more of the diagnostic tools covered in the workshop. Most said the training would have some impact on diagnosis and early referral of patients with alcohol, drug, and related mental health problems.

At the Raleigh, North Carolina workshop the 15 participants included 3 physicians, 10 nurse practitioners, and 2 physician assistants. Thus, all the attendees belonged to the target population.

Some revisions were made in the curriculum after the Michigan pilot evaluations were assessed. These changes involved

- altering the sequence of topics to provide more time for the patient motivation session;

- including the film, "The Enabler," as an integral part of the patient motivation session;

- creating videotaped, simulated patient interviews to demonstrate effective interviewing;

- expanding participant-faculty discussion time; and

- increasing focus on participants' case experiences.

The North Carolina health care providers also rated the workshop favorably in general. The evaluation findings included the following:

- Participants found the videotapes, film, case histories, and panels especially helpful.

- The training had no perceived effect on increasing awareness of social and cultural factors in recognizing alcohol, drug, and related mental health problems. Participants did not think they needed any additional information or skills involving sociocultural factors.

- Most participants felt that they were not aware of more management options for their alcohol-abusing patients as a result of the workshop. However, they felt the workshop had increased their options for managing patients who abuse drugs and, to a lesser extent, those who are experiencing mental health problems related to substance abuse.

- A majority of the participants felt that the workshop had sharpened their abilities to recognize the three types of health problems and also had increased their awareness of the need for early referral.

As a result of the evaluation findings from the North Carolina workshop, further revisions were made to the curriculum, which are reflected in the final version found in the document entitled Alcohol, Drug, and Related Mental Health Problems: A Pilot Curriculum for Primary Care Providers.

In summary, most participants attending the pilot workshops:

- felt the objectives of the workshop had been met;
- reported positive changes in several areas, particularly in recognizing alcohol, drug, and related mental health problems, the need for early referral and treatment, and the need for motivating patients to accept treatment;
- reported frustration in regard to patient management options;
- saw no need for training involving sociocultural factors;
- felt they had good rapport with the faculty;
- approved of the instructional methods used during the workshop;
- considered the community resources discussion least helpful; and
- would recommend the workshop to colleagues.

7. ANALYSIS OF EXPERIENCE

This section focuses on what specifically was learned during the pilot workshops, including the strengths and weaknesses of the major aspects of the program.

Project Implementation

Implementing the project includes the key areas of participant recruiting, needs assessment, faculty selection, and evaluation.

Participant Recruiting

- Although recruiting participants for the workshops should be the responsibility of the program authority at the local level of delivery, i.e., city, county, State, or regional, it may be useful to involve BCHS grantee project directors. They can easily place workshop sponsors in touch with the health care providers. The sponsors should be assertive in contacting these BCHS grantees.

- The target population should be invited 6 to 8 weeks before the workshop is scheduled to allow for adjustment in the practitioners' schedules.

- Sponsors should expect more nurses to participate than physicians, although the curriculum was developed for both.

- The workshop should include continuing education credit for participants.

- An academic setting, such as a continuing education center of a university, is preferable to a motel for this type of workshop.

Needs Assessment

The NCAE needs assessment was used in establishing workshop objectives and developing the curriculum. Those workshop sponsors who want to determine local health care providers' needs could modify the NCAE survey to include the following information:

- professional composition of staff within individual practice settings;

- referral patterns; and

- topics within the areas of alcohol, drug abuse, and related mental health problems that could be important to primary care providers.

Faculty Selection

The pilot workshops relied heavily on the quality and skills of the faculty. In selecting faculty, the workshop designers should:

- apply the selection criteria detailed in section 4;

- make certain that faculty members can operate comfortably and skillfully in a teaching setting outside the classroom; and

- give the faculty members an opportunity to review all relevant material before the workshop.

Evaluation

In general, the evaluation process provided useful information in the development of the pilot workshop curriculum. These three key points should be remembered if the NCAE evaluation approach is followed:

- The evaluation focuses on whether the participants perceived that they increased their skills in recognizing, motivating, diagnosing, and treating patients with alcohol, drug, and related mental health problems. Cognitive measurements are not included on the evaluation instruments. Should local sponsors wish to measure cognitive gain, additional or substitute items will have to be developed.

- Since many items on the postcourse assessment require the participants to review their answers on the precourse assessment before completing the second survey, the precourse assessments should be returned to the participants when the postcourse assessment is administered.

- Workshop sponsors may want to change the postcourse assessment by administering survey questions after each of the sessions, rather than at the completion of the training. Although this might interrupt the "flow" of the workshop, it could result in more detailed evaluations.

Curriculum Delivery

Although the workshop curriculum, presented in detail in Alcohol, Drug, and Related Mental Health Problems: A Pilot Workshop Curriculum for Primary Care Providers was designed and pilot tested as a consecutive, 2-day program, the curriculum could also be conducted by presenting the material in segments, with 1-week or 2-week intervals between sessions. If this modular approach is preferred, NCAE recommends that the workshop be scheduled either for 3 half-days or for 2 full days. A three-unit program might be scheduled as follows:

Day 1: (total 3½ hours)

Session 1--Workshop Orientation/Overview
Session 2--The Recognition Problem

Day 2: (total 4½ hours)

Session 3--Patient Motivation
Session 4--Patient Interviewing

Day 3: (total 3½ hours)

Session 5--Management Options
Session 6--Community Resource Panel and Workshop Wrap-up--optional

If the interval between presentations is longer than 2 weeks, NCAE recommends opening each meeting by thoroughly reviewing the content of the previous meeting. The review should involve key lecture points and some group discussion to reestablish the learning climate.

NCAE recommends that the first two sessions always be presented in order, since they establish a focus for the remainder of the workshop. However, local sponsors might want to present the module on Management Options earlier in the sequence, possibly after the Problem Recognition session.

Finally, the faculty should be sensitive to the different approaches to problemsolving that might be appropriate for physicians, nurse practitioners, and physician assistants. The faculty mix should assure that professional role differences will be considered.

To conclude the report, NCAE summarizes its experience from the two pilot workshops for each of the six sessions.

Session 1: Workshop Orientation/Overview

Participants should be "walked through" the curriculum so that they have common expectations during the workshop. This session also provides the opportunity for participants to raise any special concerns they may have. Obtaining this information early in the program enables the sponsors to modify the program, address special issues common to many participants, or schedule meetings for individual participants with appropriate faculty to clarify a problem situation.

If time permits, the precourse assessment responses relating to the participants' expectations should be analyzed and then reviewed with the participants. Discussing participant expectations and explaining what will be covered in the sessions, what will not, and why greatly enhances the interaction during the workshop. It will give those attending a greater sense of involvement in the curriculum and could result in tailoring the course to meet participant needs.

Session 2: The Recognition Problem

The material in this section cannot be delivered comfortably in less than 1½ hours. This is particularly true if the instructor encourages audience participation. Since the research data included in the session often conflict with firmly held attitudes and opinions, challenges on the research findings should be expected.

The objective of the presentation is to stress that diagnosis of alcohol, drug, and related mental health problems is possible on the basis of positive findings. The presenter should emphasize, as well, that misdiagnosis--false positives and false negatives--often occur because of some professionals' rigid attitudes and because environmental and cultural factors intervene in the practitioners' assessments.

Although this session reviews previously learned data on diagnosis, the discussion should facilitate the health care provider's ability to recognize the problem, initiate early treatment, and motivate the patient to accept the diagnosis and treatment plan or referral.

Session 3: Patient Motivation

The faculty for the pilot workshops recommended emphasis on these six points during this session:

- Alcohol, drug, and related mental health problems are similar to other chronic illnesses in that they are characterized by frequent remissions and exacerbations.

- Difficulties with patient compliance are great in all chronic illnesses; drug, alcohol, and related mental health compliance problems are similar.

- A thorough history of the client is necessary to determine the specific losses that result in the person's life as a consequence of alcohol, drug, or related mental health problems.

- Short-term, realistic goals should be established to enable the patient to regain confidence in his or her ability to deal with alcohol, drug, or related mental health problems.

- Referrals should be made with as much personal contact as possible, instead of handing the patient a telephone number and address.

- The patient should be provided with sufficient information about the treatment process so that she or he understands what can be expected.

"The Enabler," a film produced by the Johnson Institute that focuses on an alcoholic wife and mother whose family unwittingly supported her addiction, was eliminated from the final curriculum because it focused the session on alcohol abuse to the neglect of drug addiction and mental health problems related to substance abuse.

Program sponsors could choose to show the film in the evening of a 2-day workshop.

Session 4: Patient Interviewing

The faculty pinpointed these areas for discussion:

- In teaching this session, the interactional process can be demonstrated and role modeled by the instructor.

- The instructor should identify the purposes of the interview in the primary health care setting.

- The health care professional should be encouraged to use a comfortable interpersonal style when taking a history.

- The health care provider should be encouraged to use a conceptual framework in interviewing in order to interrelate data from several areas of a patient's life.

- In a primary care setting, diagnostic tools should be used sparingly during interviews, particularly in the initial history taking.

- In primary care settings, more time should be alloted for patient interviewing.

- Since alcohol, drug, and related mental health problems involve psychological and socioeconomic problems, a counseling approach is an effective way to initiate the therapeutic process.

Session 5: Management Options

Post assessment data indicated a negative reaction of participants to the session on management options. Faculty observation and analysis of this session contradicted the participants' post-course assessments. Small group work was reported to be energetic and well done, the level of detail in constructing

management plans for the case studies was considerable, and the interaction with the faculty seemed to be productive. It is not clear whether the management options presented were not realistic for the providers' circumstances, whether the options did not represent an improvement on the participants' current management practices or whether the evaluation questions seeking that information did not provide sufficient and/or conclusive data. Yet, many participants of one pilot found they were more aware of the range of treatment options available, the factors relevant to each management option, and the impact that these factors have on treatment outcome. In retrospect, these comments and suggestions can be directed to future workshop sponsors:

- During one of the lectures, the material was presented too quickly and in too condensed a form. This session requires at least 2½ hours to cover the subject well.

- Given the vast amount of material and the time restrictions, the presenter should make every effort to keep the audience interested. Some suggestions include:

  - conceptualizing the goals, format, and materials involved in the presentation clearly and concisely;

  - stating the objectives of the presentation initially;

  - previewing highlights of the session materials to give the audience a sense of progression during the presentation;

  - using reference charts, graphs, blackboards, and other audiovisual aids when possible;

  - encouraging audience participation by interjecting questions, anecdotes, explanations, and by using other facilitating techniques; and

  - discouraging lengthy discussions on any given point.

- The instructor should "tie in" the information introduced in this session with what had been presented earlier. Thus, the presenter should be familiar with the lectures of other faculty members.

- Program sponsors may wish to have this session delivered by the same faculty presenter who is responsible for Session 2: The Recognition Problem. There is considerable need for correspondence between those sessions in that Session 2 establishes the focus for the entire workshop. Having a single faculty person deliver both would greatly facilitate that correspondence.

Session 6: Community Resources Panel and Workshop Wrap-up

The closing session was designed to acquaint participants with the resources and expectations of local referral agencies for alcohol, drug, and related mental health problems. Participants at both pilot workshops considered

this session the least rewarding. A major contributing factor to this conclusion probably was related to the selection of local referral personnel who did not attend the other workshop sessions.

NCAE believes that the material the session covers is important and should be retained. NCAE suggests that program sponsors consider one of the following alternative instructional techniques:

- A faculty member could develop the presentation around the principles of referral--what each "side" of a referral must know about the other, how and when to refer, admission standards, and expected followup.

- Another possibility would be to identify primary care agencies in the region that have good working relationships with alcohol, drug, or community mental health centers. Representatives of those agencies could make presentations on their referral experiences in a panel format. Panel members should have specific objectives in mind when addressing the session--one might be how to improve interagency coordination. Participants and panel members should be encouraged to introduce new ideas in these sessions.

8. CONCLUSION

The capacity of primary care providers to recognize and manage alcohol, drug, and related mental health problems among their patients makes a significant and important contribution to the national health. This report has described a modest but effective effort to enhance this capacity. The effectiveness of this effort has been reflected by the expression of need, particularly by the participants of the Michigan pilot test, for additional training and education in the subject areas addressed by the curriculum. The hope is that the report and the curriculum itself will be used by others engaged in similar efforts. The interagency Work Group, consultant panel of medical educators and practitioners, and NCAE itself welcomes comment and feedback from potential or actual users of the product.

APPENDICES

Appendix A

BCHS ASSESSMENT: INTERVIEW GUIDE

Workshop for Primary Care Providers on Alcohol, Drug, and Related Mental Health Problems

(All items to be completed by NCAE telephone interviewer. Background questions below to be removed from remainder of instrument and filed separately following interview. Number will be assigned to instrument to ensure confidentiality in tabulation of responses.)

BACKGROUND

Respondent Name _____

Primary Care Unit _____

Respondent Provider Type:

_____ Physician

_____ Nurse Practitioner

_____ Physician Assistant

_____ Years experience in delivery of primary care

_____ Months with current practice

SCALE OF PRACTICE

1. What is the estimated patient population which your primary care unit serves?

_____ 0 - 2500

_____ 2500 - 5000

_____ 5000 - 10000

_____ 10000 - Over

2. How would you describe the community in which the majority of your patients live?

_____ Urban

_____ Suburban

_____ Rural

_____ Other

3. What is the total number of provider staff in your unit?

_____

4. How many of each of the following types of providers work in your unit?

_____ Physicians

_____ Nurse Practitioners

_____ Physician Assistants

_____ Nurses (RN & LPN)

_____ Psychologists

_____ Social Workers

_____ Other (should be specified)

5. In your opinion are services delivered in your unit a team effort?

_____ Yes _____ No

PREVALENCE OF ALCOHOL, DRUG, AND RELATED MENTAL HEALTH PROBLEMS

6. How many patients did you see last month?

   _____

7. What are the five most common problems presented by your patients?

   _____

   _____

   _____

   _____

   _____

8. Estimate the extent of untreated alcohol, drug, and related mental health problems in your area (unit).

   _____ Alcohol

   _____ Drug

   _____ Related Mental Health

9. Approximately how many patients in the last two weeks have you identified whose primary problem is any of the following:

   _____ Alcohol Abuse

   _____ Drug Abuse

   _____ Related Mental Health Problems

10. Approximately how many patients have you seen in the last two weeks whose secondary problem or problems include the following:

    _____ Alcohol Abuse

    _____ Drug Abuse

    _____ Related Mental Health Problems

PROBLEM IDENTIFICATION

11. In the most recent case of (insert problem from Item 9), how was the problem identified?

_____

_____

12. Again, in that case, was the (identified problem) linked to either or both of (other two problems)?

_____ Yes _____ No

a. If yes, to which problem was it linked?

_____

b. Is that typical of (problem name)?

_____ Yes _____ No

13. What did you do about that case? _____

_____

Is this typical of the way you handle this problem?

_____ Yes _____ No

14. In the last several items, you've indicated briefly how you identified and dealt with your most recent case of (problem name). As you know we are also interested in the problems of (insert appropriate problem names). In the next several questions we will ask you to describe, in some detail, the way in which you handled your most recent case of (insert problem name).

a. What is the patient's history? _____

_____

_____

b. How did you arrive at the diagnosis of (problem name)? _____

_____

_____

c. What are your treatment goals for the patient? _____

_____

d. What is your treatment plan for the patient? _____

_____

e. What is your prognosis for this patient? _____

_____

f. What factors influence that prognosis? _____

_____

REFERRAL

15. Are you aware of any local facilities which specialize in providing services to people with alcohol related problems?

_____ Yes _____ No

a. What type of facility is it? _____

_____

b. Have you established a relationship with that facility?

_____ Yes _____ No

If yes, what is the nature of that relationship?

_____

_____

If no, what prevents you?

_____

_____

16. Are you aware of any local facilities which specialize in providing services to people with drug related problems?

_____ Yes _____ No

a. What type of facility is it? _____

_____

b. Have you established a relationship with that facility?

_____ Yes _____ No

If yes, what is the nature of that relationship? _____

_____

If no, what prevents you? _____

_____

17. Are you aware of any local facilities which specialize in providing services to people with mental health problems?

_____ Yes _____ No

a. What type of facility is it? _____

_____

b. Have you established a relationship with that facility?

_____ Yes _____ No

If yes, what is the nature of that relationship? _____

_____

If no, what prevents you? _____

_____

WORKSHOP CONTENT

The next items relate to learning experiences which you may recently have had regarding alcohol abuse, drug abuse, and related mental health problems.

18. Have you participated in any learning experiences within the past two years with regard to alcohol, drug, and related mental health problems?

_____ Yes _____ No

a. If yes, which of those three problems were addressed? _____

_____

_____

b. What areas of content did that (those) experience(s) include?

_____

_____

c. What was the format of that (those) experience(s) (lecture, workshop, etc.)?

_____

_____

19. What type of learning experience do you find most useful? _____

_____

_____

20. Finally one last set of questions. If you were to design a learning experience intended to enhance the capacity of primary care providers to deal with patients affected by alcohol, drug abuse, or related mental health problems, how useful do you think the following subjects would be to that audience?

a. Medical complications of alcohol and drug abuse.

b. Prescribing and managing drug therapies for patients with active or historical abuse problems.

c. Identification of mental health problems related to alcohol or drug abuse.

d. History indicators suggestive of high risk or actual abuse of alcohol or drugs.

e. Effective referral consultation for patients with alcohol abuse, drug abuse, or related mental health problems.

f. Signs of anxiety and depression.

g. Non-medical treatment modalities for alcohol and drug abusing patients.

h. Effective diagnostic tools relative to alcohol and drug abuse.

i. Evaluation of alcohol and drug abuse problems: stages of development.

j. Management of acute complications of alcohol and drug abuse.

21. Are there any areas not included in that list which you think should be added?

_____

_____

_____

_____

_____

22. Would you be able to attend a workshop in June or July?

_____ Yes _____ No

If no, please indicate reason: _____

_____

Appendix B

BCHS TELEPHONE SURVEY RESULTS

At the outset of this project, NCAE staff and the interagency Work Group defined certain areas for which information needed to be gathered before curriculum development could proceed. The needed information was to be obtained directly from primary care providers--physicians, physican assistants, and nurse practitioners--currently working in the BCHS environment. It was decided that a telephone survey would be the most efficient means for reaching this audience.

The purposes of the telephone survey can be summarized as

- to determine what providers need to know to improve diagnosis, intervention, treatment, and referral for alcohol, drug, and related mental health patients;
- to determine what topics to present in the curriculum;
- to determine the typical problems physicians, nurse practitioners, and physician assistants face in giving primary care to patients with alcohol, drug, and related mental health problems; and
- to determine socioeconomic characteristics of the local environment.

Telephone interviews were carried out in Michigan and North Carolina, the two states designated by BCHS for pilot testing of the workshop curriculum. In these states a total of 37 Health Care Units (21 in Michigan and 16 in North Carolina) were identified as the potential target groups for testing the pilot curriculum.

Eighteen interviews were conducted, nine in each of the two states. The types of programs contacted and the types of health professionals interviewed are presented in the following breakdown:

	Physicians	Physician Assistants	Nurse Practitioners	TOTAL
Rural Programs	3	4	1	8
Urban Programs	2	2	3	7
Migrant Programs		2	1	3
TOTAL	5	8	5	18

A total of 24 Project Directors were contacted for interviewee nominations; 18 practitioners were actually interviewed. All interviewees responded positively to the rationale and need for a continuing education workshop for primary care providers in alcohol abuse, drug abuse, and related mental health problems.

Telephone interviewing was a time-consuming process. The two interviewers averaged 5 hours of desk time to make contact and to complete the interview with one primary care practitioner. Twenty-two questions were asked of each of the 18 practitioners. The duration of each interview ranged between 35 and 50 minutes.

The 22 questions were clustered into five categories:

Category 1: scale of practice and population served by the unit;

Category 2: perceived prevalence of alcohol, drug, and related mental health problems;

Category 3: problem recognition and diagnosis;

Category 4: referral activity; and

Category 5: workshop topics.

Summary of Category 1: Scale of Practice

Comparisons of the answers to these questions indicated:

- Twelve units served geographic populations of 10,000 or more persons, only one served a population under 2,500;
- Twelve providers described their populations as rural;
- Fourteen units had more than 4 professionals on staff providing care; seven units had ten or more; four units had less than 2 practitioners available;
- Ten units had at least one physician, one physician assistant, and one nurse practitioner on staff; and
- Twelve providers described their practice as a team effort.

Interviewer observations

- Most units had staffing patterns which exceeded the expectation of fewer than five providers. In addition, they served large populations because of multiple county service.

- Respondents indicated the delivery of services within the majority of units is provided through team efforts of physicians, physician assistants, and nurse practitioners. This finding validated that workshop delivery to primary care providers could legitimately be designed for an audience comprised of physicians, physician assistants, and nurse practitioners.

Summary of Category 2: Perceived Prevalence

- The five most common presenting problems of all patients seen by the 18 providers were:
  - upper respiratory infection;
  - hypertension;
  - diabetes;
  - infections, expecially genito-uninary; and
  - anxiety and depression (mentioned more often in Michigan than in North Carolina).
- Fifteen providers had seen between 200 and 500 patients during the previous month (average 300); three units were seasonal and had had minimal patient activity.
- All 18 providers estimated that the number of untreated alcohol, drug, and related mental health problem patients in their practice was moderate to high.
- The 18 providers reported seeing a total of almost 2,300 patients during the past 2-week period. Of the total patient group, 43 received a primary diagnosis of alcoholism; 32 drug addiction; 59 mental health or emotional problems.
- During the same period, 147 patients had secondary alcohol problems; 70 had secondary or complicating drug addiction; and 170 were said to have complicating mental health or emotional difficulties.

Interviewer observations

- Alcohol and drug addiction is not viewed as one of the common presenting problems even though 292 of 2,293 patients (over 10 percent) received either a primary or secondary diagnosis of alcohol or drug problems.
- Providers believe that a large number of patients have alcohol, drug, and related mental health problems but are not receiving care for them.

Summary of Category 3: Problem Recognition and Diagnosis

In this category, respondents were asked to recall recent cases of patients with alcohol, drug, or related mental health problems and describe how the problems were recognized and handled.

The answers were spontaneous and the problems were described in varying amounts of detail. The interviewers thought the following data was quantifiable and significant:

- Type of case most often recalled;
- Instances of obvious diagnosis (intoxicated patients) or other advanced diagnosis or referral;
- Diagnosis by history, exam, tests;
- Number of referrals made; and
- Number of followup activities.

The results are shown in the following tabulation:

Type of Case	Number of Cases	Obvious Diagnosis	Diagnosis by History	Exam	Test	Referral Made	Followup
Alcohol	13	11	4	4	0	12	1
Drug	6	3	4	2	1	5	0
Mental Health	10	3	6	4	1	8	3

Summary of Category 4: Referral Activity

The questions asked in this category were to determine the extent of the respondents' knowledge and use of referral services.

- Alcohol services:
  - Seventeen of eighteen providers were principally aware of the existence of local hospitals, county mental health programs, or inhouse staff counselors;
  - Thirteen of eighteen mentioned that they had established a referral relationship with one of these resources.
- Drug treatment services:
  - Fifteen of the eighteen providers were primarily aware of the existence of local hospitals and inhouse staff counselors;
  - Ten providers mentioned that they referred regularly to such facilities.

- Mental health services:

  - Seventeen of the eighteen providers knew of facilities available. County mental health centers were identified most frequently as the type of service available;

  - Fourteen of the eighteen providers referred regularly for further diagnosis and tests.

Interviewer observations

Most respondents said they knew about the existence of nearby treatment services for alcohol, drug, and mental health problems and most used the services regularly, though they know few specifics about the services or staffing of the referral agencies.

Summary of Category 5: Workshop Topics

Several questions were asked to determine the experience of the respondents with continuing education workshops in alcohol, drug, and related mental health issues.

- Twelve providers had no alcohol, drug, or mental health continuing education during the past 2 years;

- Of the six who had such experience, only three could recall any of the topics covered;

- Most useful learning activities, most often cited were

  - group discussion,
  - lecture,
  - case study, and
  - personal reading.

Respondents were read a list of possible topics and asked to rate each on a scale of 1-7 for importance to primary care providers' continuing education (7 = most important to learn; 1 = least important to learn). The following list of topics reflects the items to which the providers most frequently assigned a ranking of five or above:

- history indicators suggestive of high risk or actual abuse of alcohol or drugs;

- effective diagnostic tools relative to alcohol and drug abuse;

- medical complications of alcohol and drug abuse;

- management of acute complications of alcohol and drug abuse;

- effective referral consultation for patients with alcohol abuse, drug abuse, or related mental health problems;
- signs of anxiety and depression;
- nonmedical treatment modalities for alcohol and drug abuse patients;
- identification of mental health problems associated with alcohol or drug abuse;
- evolution of alcohol and drug abuse problems: stages of development;
- prescribing and managing drug therapies for patients with history of or active substance abuse problems.

After the ranking of the list of prepared topics, each provider was asked to suggest additional topics. Family intervention and counseling skills were most often mentioned. Next in frequency were motivation of patient and effective referral techniques.

Appendix C

PRECOURSE ASSESSMENT FOR

BUREAU OF COMMUNITY HEALTH SERVICES

WORKSHOP ON ALCOHOL, DRUG, AND RELATED MENTAL HEALTH PROBLEMS

Name: _____

Position: _____

Agency: _____

A. In comparison to the "usual" or "typical" cases you see in your practice, please indicate the degree to which you can accomplish the following:

	No Difficulty	Little Difficulty	About Average Difficulty	Some Difficulty	Great Difficulty
RECOGNITION PROBLEMS					
1. Recognize an alcohol-abusing patient when alcohol abuse is not the presenting complaint.					
2. Recognize drug abuse patients when drug abuse is not the presenting complaint.					
3. Recognize patients with related mental health problems when such problems are not the presenting complaint.					

B. To what degree does a patient's social and cultural background impact your recognition of:

TYPE OF PATIENT	Very Large Degree	Large Degree	Some Degree	Slight Degree	Not At All
1. Patients with alcohol problems.					
2. Patients with drug problems.					
3. Patients with related mental health problems.					

C. In comparison with the usual or "typical" cases you see in your practice, please indicate the degree to which you can accomplish a successful interview with the following types of patients.

PATIENT INTERVIEWING	No Difficulty	Little Difficulty	About Average Difficulty	Some Difficulty	Great Difficulty
1. Interview with an alcohol-abusing patient.					
2. Interview with a drug-abusing patient.					
3. Interview with a patient with mental health problems related to alcohol and/or drug abuse.					

D. Think about what you know about the interpersonal and social dynamics that contribute to a patient's motivation and desire to follow through on referrals to specialized treatment. How well do you think you understand the dynamics of these factors with regard to:

TYPE OF PATIENT	Thoroughly Understanding	Good Understanding	Some Understanding	Little Understanding	No Understanding At All
1. Alcohol abuse patients.					
2. Drug abuse patients.					
3. Patients with related mental health problems.					

E. Consider the options for case management of patients with alcohol abuse, drug abuse, or related mental health problems that are <u>currently</u> available to you. How adequate do you feel these options are for:

TYPE OF PATIENT	Very Inadequate	Inadequate	Adequate	Quite Adequate	Extremely Adequate
1. Alcohol abuse patients.					
2. Drug abuse patients.					
3. Patients with related mental health problems.					

F. There were six specific objectives for this workshop. Please indicate the extent to which you feel each of these objectives was met.

OBJECTIVES	Extremely Important	Very Important	Important	Of Little Importance	Not Important At All
1. Examine and explore the nature and interrelationships of alcohol, drug, and related mental health problems from medical, social, and cultural perspectives.					
2. Identify the opportunities the primary care provider has to successfully intervene in the progress of these problems.					
3. Review and practice the use of history-taking techniques and diagnostic tools for recognition and identification of problems.					
4. Practice specific techniques for motivation based on individual patient need and realistic expectations of success with alcohol, drug, and related mental health problems.					
5. Begin the process of identifying changes in practice settings or individual style which may be required to more effectively deal with alcohol, drug, and related mental health problems.					
6. Become more cognizant of additional continuing education needs and resources.					

G. You are now aware of the focus of the workshop and the objectives of the workshop (Item F.) Please review this information in light of your own objectives or expectations. List below any objectives or expectations that you do not think are likely to be covered or met in this workshop. Please explain your answer(s). This information will help refine the workshop to meet the needs of the participants.

Appendix D

POSTCOURSE ASSESSMENT FOR

BUREAU OF COMMUNITY HEALTH SERVICES

WORKSHOP ON ALCOHOL, DRUG, AND RELATED MENTAL HEALTH PROBLEMS

Name: _____

Position: _____

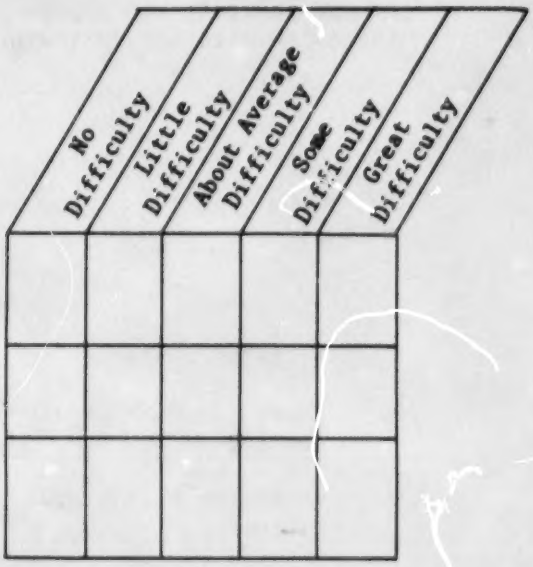
Agency: _____

Now that you have completed this workshop, please review your original responses to items A - E on your precourse assessment and answer the following questions.

A. As compared to the "usual" or "typical" patient you see in your practice, please indicate the degree to which you now can accomplish the following:

RECOGNITION PROBLEMS

1. Recognize an alcohol-abusing patient when alcohol abuse is not the presenting complaint.
2. Recognize a drug abuse patient when drug abuse is not the presenting complaint.
3. Recognize a patient with related mental health problems when such problems are not the presenting complaint.



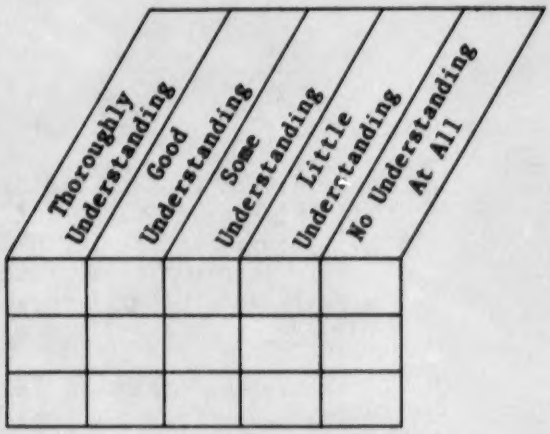
B. To what degree to you think a patient's social and cultural background will impact your future recognition of:

TYPE OF PATIENT	Very Large Degree	Large Degree	Some Degree	Slight Degree	Not At All
1. Patients with alcohol problems.					
2. Patients with drug problems.					
3. Patients with related mental health problems.					

C. In comparison with the usual or "typical" cases you see in your practice, please indicate the degree to which you can <u>now</u> accomplish a successful interview with the following types of patients.

PATIENT INTERVIEWING	No Difficulty	Little Difficulty	About Average Difficulty	Some Difficulty	Great Difficulty
1. Interview with an alcohol-abusing patient.					
2. Interview with a drug abuse patient.					
3. Interview with a patient with mental health problems related to alcohol and/or drug abuse.					

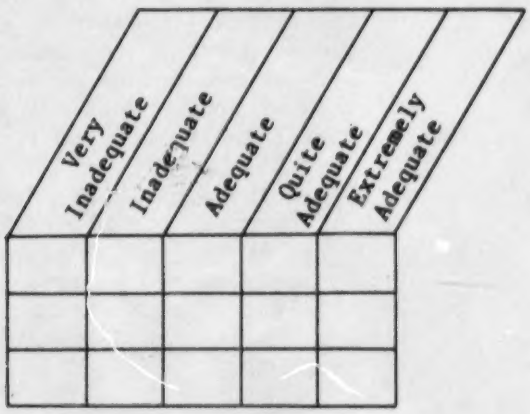
D. Think about what you now know about the interpersonal and social dynamics that contribute to a patient's motivation and desire to follow through on referrals to specialized treatment. How well do you think you understand the dynamics of these factors with regard to:



TYPE OF PATIENT

1. Alcohol abuse patients.
2. Drug abuse patients.
3. Patients with related mental health problems.

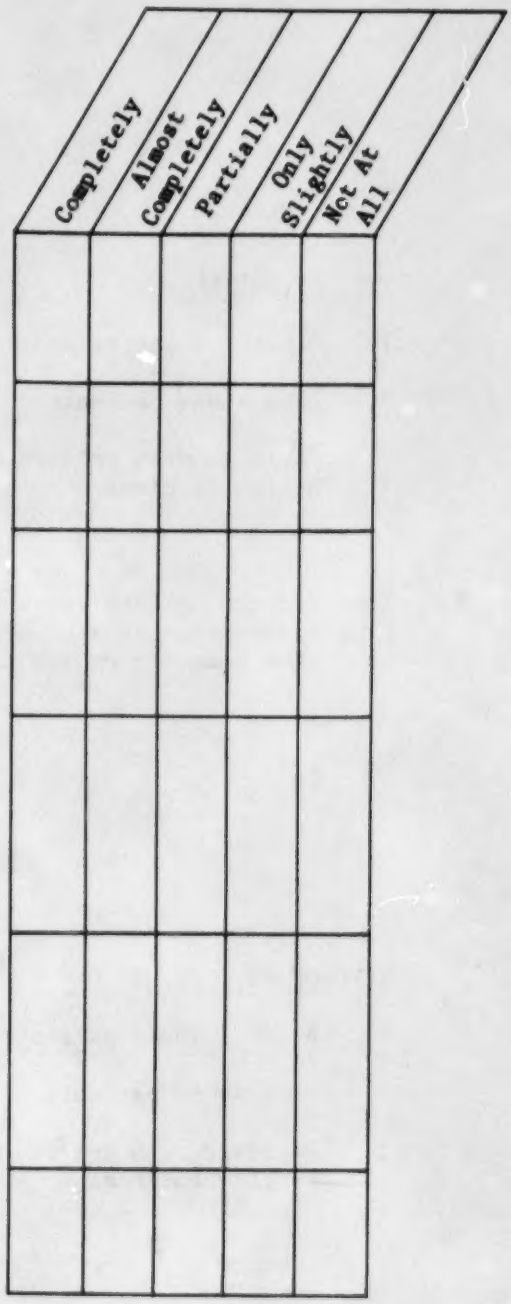
E. Consider the options for case management with alcohol abusers, drug abusers, or patients with related mental health problems that are <u>now</u> available to you. How adequate do you feel these options are for:



TYPE OF PATIENT

1. Alcohol abuse patients.
2. Drug abuse patients.
3. Patients with related mental health problems.

F. There were six specific objectives for this workshop. Please indicate the extent to which you feel each of these objectives was met.



OBJECTIVES

1. Examine and explore the nature and interrelationships of alcohol, drug, and related mental health problems from medical, social, and cultural perspectives.

2. Identify the opportunities the primary care provider has to successfully intervene in the progress of these problems.

3. Review and practice the use of history-taking techniques and diagnostic tools for recognition and identification of problems.

4. Practice specific techniques for motivation based on individual patient need and realistic expectations of success with alcohol, drug, and related mental health problems.

5. Begin the process of identifying changes in practice settings or individual style which may be required to more effectively deal with alcohol, drug, and related mental health problems.

6. Become more cognizant of additional continuing education needs and resources.

G. You are now aware of the focus of the workshop and the objectives of the workshop (Item F.) Please review this information in light of your own objectives or expectations. List below any objectives or expectations that you had which were not covered or met in this workshop. Please explain your answer(s). This information will help refine the workshop to meet the needs of future participants.

Do you think your participation in this workshop will have any influence on your diagnosis and/or management of alcohol abuse patients, drug abuse patients, or patients with related mental health problems? (Please complete the items below.)

H. FOR ALCOHOL ABUSE PATIENTS

Influence your recognition?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

Influence your management?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

I. FOR DRUG ABUSE PATIENTS

Influence your recognition?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

Influence your management?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

J. FOR RELATED MENTAL HEALTH PROBLEM PATIENTS

Influence your recognition?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

Influence your management?

____Yes ____No ____Don't Know

Please explain your answer:

_____

_____

_____

Now we would like your opinion on the major topics covered in the workshop. Please answer the items under each of the workshop topics as completely as possible.

K. RECOGNITION OF THE PROBLEM

Based upon your experience in this session, please indicate the extent to which you agree with each of the statements below. (Check the appropriate box.)

SA = Strongly Agree
A = Agree
NO = No Opinion
D = Disagree
SD = Strongly Disagree

STATEMENT	SA	A	NO	D	SD
1. I have increased my awareness of the distinction and interrelationships among alcohol, drug, and related mental health problems.	☐	☐	☐	☐	☐
2. I have increased my ability to differentially diagnose and recognize alcohol, drug, and related mental health problems.	☐	☐	☐	☐	☐
3. As a result of this session I have increased my knowledge and understanding of the effects of culture and environment on problem recognition.	☐	☐	☐	☐	☐
4. The subject matter covered in this session was relevant to my needs in my home practice situation.	☐	☐	☐	☐	☐
5. I found the content covered in this session to have practical applicability for my home practice.	☐	☐	☐	☐	☐
6. The majority (51 percent or more) of the materials covered in the lectures was new to me.	☐	☐	☐	☐	☐
7. The lecture presentations were interesting, well organized, and presented clearly.	☐	☐	☐	☐	☐
8. In my opinion the rapport between the session leader and the participants was good.	☐	☐	☐	☐	☐
9. The case presentations, (Evans, Davis, Salazar, Delgado) helped clarify for me the material covered in the lectures.	☐	☐	☐	☐	☐
10. The faculty-participant forum at the conclusion of the session helped me to understand more clearly how the content of this session can be applied to my own practice setting.	☐	☐	☐	☐	☐

	SA	A	NO	D	SD
11. The faculty-participant forum was a useful mechanism for me to interact in a meaningful way with the core faculty.	☐	☐	☐	☐	☐
12. The lectures were an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐
13. The case presentations were an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐
14. The faculty-participant forum was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐

L. MOTIVATION

Based upon your experience in this session, please indicate the extent to which you agree with each of the statements below. (Check the appropriate box.)

SA = Strongly Agree
A = Agree
NO = No Opinion
D = Disagree
SD = Strongly Disagree

STATEMENT	SA	A	NO	D	SD
1. As a result of my participation in this session, I believe I will be able to take a more active role in encouraging alcohol, drug, and related mental health patients to cooperate with treatment goals.	☐	☐	☐	☐	☐
2. This session has shown me how to use more directive and confrontive techniques in achieving alcohol, drug, and related mental health patient compliance with treatment goals.	☐	☐	☐	☐	☐
3. This session has helped me achieve more realistic expectations of success for patient improvement.	☐	☐	☐	☐	☐
4. The subject matter covered in this session was relevant to my needs in my home practice situation.	☐	☐	☐	☐	☐
5. I found the content covered in this session to have practical applicability for my home practice.	☐	☐	☐	☐	☐

	SA	A	NO	D	SD
6. The majority (51 percent or more) of the material covered in the lecture was <u>new</u> to me.	☐	☐	☐	☐	☐
7. The lecture presentation was interesting, well organized, and presented clearly.	☐	☐	☐	☐	☐
8. In my opinion the rapport between the session leader and the participants was good.	☐	☐	☐	☐	☐
9. Developing cases in small groups for presentation to the faculty-participant forum was a useful way of seeing the application of the material presented in the session to situations that are relevant to my own practice setting.	☐	☐	☐	☐	☐
10. The faculty-participant forum was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐
11. The techniques for motivation suggested by the faculty-participant forum were useful and <u>applicable</u> to my home situation.	☐	☐	☐	☐	☐
12. The closing summarization of the session by the session leader helped me to understand the main points of this session.	☐	☐	☐	☐	☐

M. <u>PATIENT INTERVIEWING</u>

<u>Based upon your experience in this session</u>, please indicate the extent to which you agree with each of the statements below. (Check the appropriate box.)

SA = Strongly Agree
A = Agree
NO = No Opinion
D = Disagree
SD = Strongly Disagree

<u>STATEMENT</u>	SA	A	NO	D	SD
1. I intend to incorporate questions from the instruments into my history-taking interviews in my home practice.	☐	☐	☐	☐	☐
2. The material covered in this session will enable me to more effectively focus my history taking on alcohol, drug, and mental health problems.	☐	☐	☐	☐	☐

Postcourse Assessment 10

	SA	A	NO	D	SD
3. As a result of this session I <u>now</u> know how to focus a patient interview on alcohol, drug, and mental health areas.	☐	☐	☐	☐	☐
4. The subject matter covered in this session was relevant to my needs in my home practice situation.	☐	☐	☐	☐	☐
5. I found the content covered in this session to have practical applicability for my home practice.	☐	☐	☐	☐	☐
6. The majority (51 percent or more) of the material covered in the lecture was <u>new</u> to me.	☐	☐	☐	☐	☐
7. The lecture presentation was interesting, well organized, and presented clearly.	☐	☐	☐	☐	☐
8. In my opinion the rapport between the session leader and the participants was good.	☐	☐	☐	☐	☐
9. The lecture was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐
10. The discussion conducted during the session helped clarify for me the material covered in the lecture.	☐	☐	☐	☐	☐
11. The videotape was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐
12. The videotape and the discussion that followed helped me to understand more clearly how the content of this session can be applied to my own practice.	☐	☐	☐	☐	☐
13. The faculty-participant forum was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐

N. MANAGEMENT

Based on your experience in this session, please indicate the extent to which you agree with each of the statements below. (Check the appropriate box.)

SA = Strongly Agree
A = Agree
NO = No Opinion
D = Disagree
SD = Strongly Disagree

STATEMENT	SA	A	NO	D	SD
1. I have increased my awareness of the range of basic management options available for patients with alcohol, drug, and related mental health problems.	☐	☐	☐	☐	☐
2. This session has made me more aware of factors relevant to each management option discussed.	☐	☐	☐	☐	☐
3. This session has made me more aware of the impact of factors that relate to management options on treatment outcome.	☐	☐	☐	☐	☐
4. The subject matter covered in this session was relevant to my needs in my home practice situation.	☐	☐	☐	☐	☐
5. I found the content covered in this session to have practical applicability for my home practice.	☐	☐	☐	☐	☐
6. The majority (51 percent or more) of the material covered in the lecture was new to me.	☐	☐	☐	☐	☐
7. The lecture presentation was interesting, well organized, and presented clearly.	☐	☐	☐	☐	☐
8. In my opinion the rapport between the session leader and the participants was good.	☐	☐	☐	☐	☐
9. Developing management plans in small groups for presentation to the Community Resource Panel was a useful way of seeing the application of the materials presented in the session to situations that are relevant to my own practice setting.	☐	☐	☐	☐	☐
10. The Community Resource Panel was an important element in the learning I achieved in this session.	☐	☐	☐	☐	☐

Postcourse Assessment 11

	SA	A	NO	D	SD
11. The closing summarization session on the referral process helped me to understand how to better employ this process in my management of alcohol, drug, and related mental health cases.	☐	☐	☐	☐	☐

WORKSHOP RATING FORM

1. COURSE ENVIRONMENT (SITE, ACCESSIBILITY, MATERIALS, ARRANGEMENTS)

Very Poor				Excellent
1	2	3	4	5

2. OPPORTUNITY TO INFORM FACULTY AND OTHER PARTICIPANTS OF YOUR VIEWS, NEEDS, ETC.

No Opportunity				Ample Opportunity
1	2	3	4	5

3. PLEASE RATE THE COURSE AS A WHOLE

Very Poor				Excellent
1	2	3	4	5

4. During the conduct of the course, which presentation or activity was most rewarding to you?

Presentation or activity: _____

_____

Please explain your answer: _____

_____

5. During the conduct of the course, which presentation or activity was least rewarding to you?

Presentation or activity: _____

_____

Please explain your answer: _____

_____

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